PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 4182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

900009667639
12/24/02--01028--001 **150.00

DOCUMENT # P93000068610

1. Corporation Name

COLORTEK PAINTING, INC.
P.O. BOX 616711
ORLANDO, FL 32861

2. Principal Office Address	3. Mailing Office Address
4857 WALDEN CR.	P.O. BOX 616711
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32811 Country: USA	Zip: 32861 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/10/94

5. FEI Number: 59-3245348 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PAUL A. VALDEZ

Street Address (P.O. Box Number is Not Acceptable): 4857 WALDEN CR.

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Paul A. Valdez Date: 12/21/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	PAUL A. VALDEZ	4857 WALDEN CR.	ORLANDO, FL 32811

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Paul A. Valdez PAUL A. VALDEZ 12/21/02 (407)352-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/2/03 gv

12/21/02

TO: DEPARTMENT OF STATE

FROM: PAUL A. VALDEZ (OWNER COCORTEK PAINTING INC.)

TO WHOM IT MAY CONCERN:

IN THE PAST YEAR MY P.O BOX AT NATIONAL MAIL SERVICES 5082 WEST COLONIAL DRIVE P.M.B SUITE #298 ORLANDO, FL 32808 HAVE MOVED THEIR SERVICES TWICE IN THE PAST SIX YEARS. I AS A COMPANY OWNER, HAD THIS HAPPEN ONCE TO MANY TIMES. SO I RESOLVED THIS PROBLEM BY PURCHASEING A NEW P.O BOX UNITED STATES POSTAL SERVICE P.O. Box 616711 ORLANDO, FL 32861 THIS P.O. BOX WILL NEVER CHANGE. IN THIS MOVE THE COMPANY HAD NEVER RECEIVED THE ORIGINAL OR SECOND NOTICE FOR 2002 RENEWAL. I THEN KEEP GOING BACK AND FORTH ON A NUMBER OF OCCASIONS FOR WEEKS, TRYING TO RECIEVE MY FORWARDED MAIL AT NO ATTEMPT. I AGREED ON MY REQUEST, MY REQUEST THAT THE DATE RANGE BE MAID AGREEABLE TO YOU.

SINCERLY YOURS

PAUL A. VALDEZ (OWNER COCORTEK PAINTING INC.)